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G INK-I HIS IS A FERMANENT RECORD. Every nem of milor	GE should be stated EXACTLY. PHYSICIANS should state	hat it may be properly classified. Exact statement of OCCUPA.	
IS A FE	stated E	properly	ns on hack of certificate.
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STATE OF MA	RYLAND-CERTIFI	CATE OF	DEATH
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08038

1	. PLACE OF DEATH				(59)	
	County Caroline	<del>}</del>			Registration Dist. No. 4	
	Village or City Gre	enabo	ro.Md.		NoSt.,	Ward
	Length of residence in city or toy	vn where deat	occurred		death occurred in a hospital or institution, give its NAME instead of street and numbe	
	. FULL NAME Ida					
1	(a) Residence: No.	7 10 p. 40 F.X	art e MB	• · • • • • • • • • • • • • • • • • • •	St. Ward.	
-	(a) Residence. No.		(Usual place	of abode)	If nonresident give city or town and State	
	PERSONAL AND ST	ATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex 4. color or R			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  Lugust 28  (Month) (Day)	Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of John E.	ndrew	S		22. I HEREBY CERTIFY That I attended decea	sed from
6.	DATE OF BIRTH (month, day, and ye			869	I last saw all alive on aug 28 , 1934; dea	h is said
	AGE Years M	lonths	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at S	
		9	-7	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
8. Trade, profession, or particular kind of work done, as SPINNER. HOUSEWORK SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month-and True).  11. Total time (years) spent in this 2.2.					Deateles necutus	2)
OCC	10. Date deceased last worked at this occupation (month and year)	. 34	spa	ime (years) nt in this L1fe upation		
12. BIRTHPLACE (city or town) Pensylvania (State or country)					Other Contributory Causes of Importance:  Enters Colitio (acute) /	Wic
ER	13. NAME John I	Barnes				
FATHER	14. BIRTHPLACE (city or town) (State or country)	Pensyl	vania		Name of operation Mong Date of What test confirmed diagnosis? Pleure Was there an autops	, ho
ER			Forti	ine	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Margrett Fortune 16. BIRTHPLACE (city or town) (State or country)  Pensylvania					Accident, suicide, or homicide? Date of injury, Where did injury occur?	19
17.	INFORMANT Veda Hubl (Address)	bard. B		Delhi Str	(Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVA PlaceGreensboro		Date Aug	30. 19 34	Manner of injury	
19.	UNDERTAKER R.B.Raw (Address) Greens		Md.		24. Was disease or injury in any way related to occupation of deceased? The	
20.	FILED aug. 30, 1034	4.5.	mad	Registrar.	(Signed) Charles & Tonesefer (Address) Precus horo Many	M. D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

16	5	60	2	6	
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1. PLACE OF DEATH						92:00
County Caroline						Registration Dist. No. 83
Village or City Preston, Md.,					,	NoSt.,Ward
Length of residence in city or jowh where geath occurredyrsmos						death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long try U. S. if of foreign birth?
2. FULL NAME Edith Lou						is Butles
	(a) Resider	nce: No.				St., Ward.
-				(Usual place		If nonresident give city or town and State
3. S			D STATIST	1		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			OR DIVORCE	D (write the word)	21. DATE OF DEATH aug. 30	
5a. If married, widowed, or divorcad				DIN	¿Te	(Mogth) (Day) (Year)
HUSBAND of (or) WIFE of						22. I HEREBY CERTIFY, That I attended deceased from
						aug 30, 1934, to lug 30 , 1934
-	ATE OF BIRTH		1	1	th., 1931	I last saw hell alive on aleg 30 1, 1934; death is said
7. A	GE Yes	ers _	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at
	9 Tando moto	2	10	1 6	ormin.	were as follows:
ON	8. Trade, profassion, or particular kind of work dona, as SPINNER, / SAWYER, BDOKKEEPER, etc.					toline of book of
OCCUPATION	9. Industry or	business i	n which			of new a
S			SILK MILL, etc	1		
0	10. Data deceas this occu	pation (mo	inth and	spe	ime (years) int in this upation	
			70		upation	Dther Contributary Causes of Importance:
12.	BIRTHPLACE (ci (State or cou		Presi	v <u>un</u>		X
				ard		
FATHER	14. BIRTHPLACE	(city or to	own)PI	restion.		Name of operation Thous Date of Nova
	(Stata or			Md.		What test confirmed diagnosis? Zune Was there an autopsy? The
MOTHER	15. MAIDEN NA	ME M	arie But	tler		23. If death was due to external cluses (VIOCENCE) fill In also the following:
101	16. BIRTHPLACE		own)PJ	reston,		Accident, suicide, or homicide? Date o jujury, 19
-1	(State or	country)		Ma.,		Whera did injury occur? (Specify city or town, county and State)
17.	(Address)		ie Butle Preston			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMAT			0/	77 /77	Manner of injury Rone
	Place_Mt.	·rre	ųsun k	Data8/-	21/24,19	Natura of Injury none
19.	UNDERTAKER	W.	H. Holl:		WP 0,	24. Was disease or injury In any way related to occupation of deceased? 200
	(Address)	- //	Pro	eston, I	wa.	If so, specify
20. 1	FILED 5	1//.	1934 Lan	4412	Harris	(Signed) M. D.
	-/	/			Registrar.	(Address) / Restou, Maci:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I				
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:		

TION is very important. See instructions on back of certificate.

of OCCUPA.

1. PLACE OF DEATH	
County Caroline	Registration Dist. Np. 100
Village or City Luedo toro,	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME J'Lyod Cohall	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Gey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceesed from
6. DATE OF BIRTH (month, day, end year) Swelly, 11, 1938	last saw harmanive on 1914, to 1924 deeth is seid
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than  1 dey,hrs.  ormin.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8 Trade profession or particular	Univocality Date of one et
9. Industry or business In which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of Importance:
13. NAME The Cohall'	
13. NAME THE COLUMN (State or country)	Name of operation Date of  What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Sessie Harlanck	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Dessie Harlacek  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
17. INFDRMANT Bergis Coline (Address)	Where did injury occur?
18. BURIAL, CREMATION, DR REMDVAL Place Lucius one no no Date aug 21, 1934	Manner of injury
Place Date 1907	Nature of Injury
19. UNDERTAKER A Law bullings (Address) law bullings.	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 9 29/3, of and multiple Registrar.	(Signed) (Address) Maryur M. D
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08040

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYL	AND-CERTIFICATE	OF	DEAT
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11	V	11	1	~

1. PLACE OF DEATH	
County Caroline	Registration Dist. No. 63
Village or City Jonestown,	No. St., Ward
(If Length of residence in city or town where death occurredyrsmos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME DARAH ELIZABET	TH DIXON
(a) Residence: No. RESTON MC (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female  4. COLOR OR RACE Colored  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of John W. Dixon	22.   HEREBY CERTIFY: Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 28, 1976	Nest saw here alive on alive of 194; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 0145 mm,
58 4 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Housewife	Meroscleroses
kind of work done, as SPINNER, Housewife  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked at this occupation (month end	Carlo Dan A
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cereora / Jemanes ge 7-28-34
10. Date deceased last worked at this occupation (month end to 1933 spant in this year) 11. Total time (years) spant in this occupation 36	
Rucktown	Other Contributory Causes of importance:
(State or country)  Naryland.	
13. NAME Stephen Cornish	
14. BIRTHPLACE (city or town) Bucktown,	Name of operation Date of
(State or country) Narvland	What test confirmed diagnosis? Was there an au opposition
15. MAIOEN NAME Henrietta Molock  16. BIRTHPLACE (city or town) Bucktown.	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Bucktown.	Accident, suicide, or homicide? Date of injury, 19
≥ (State or country) Narýland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Rev. S. Roscoe Miles (Address) Preston. Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bucktown, Md ,Date Aug. 11,19 34	Nature of injury.
19. UNDERTAKER Lewis Baynum (Address) Cambridge, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED AUG. 10, 19 34 Johns B. Harris	(Signed) (Address) Sentitle M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURG		•	
Other contributory causes of importance:	E 11-20 10 80 F	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		k ps	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

N. B.—WRITE PLAINLY, WITH

STATE OF MARYL	AND-CERTIFICATE (	OF DEATH
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1. PLACE OF DEATH	107-0
County Caroline.	Registration Dist. No. 64
Village or City Federalsburg, Md.	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurradyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lizzie Ann Fooks,	
(a) Residence: No. Federalsburg, Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female. Colored. OR DAYORCED (weighthe word)	Aug 15th 1934 (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of James Fooks,	22. I HEREBY CERTIFY, That I attended deceased from 8/5/34, 19, 10, 15/34, 19
1873 6 111	3/15/21
6. DATE OF BIRTH (month, day, and year) 6 (QET Cate unitanous 7. AGE Years Months Days If LESS than	I last saw h 2 aliva on 0 1 3 2 4 19 ; death is said to have occurred on the date stated above, at $T = 0.5$ . M •
1 days have	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, House-Work, SAWYER, BOOKKEEPER, etc.	Brancho pneymon 8/4/34
SAWYER, BOOKKEEPER, etc. 110038 - WOLK.	acute Cardrac Failure
work was dona, as SILK MILL, SAW MILL, BANK, etc.	β
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. House-Work  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at This occuration (month and	
O this occupation (month and spant in this occupation occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Federalsburg, (State or country) Md.	
Total Control of the	
William Johnson,	
13. NAME William Johnson,  14. BIRTHPLACE (city or town) Federal sburg,	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Georganna Banks,	23. If death was dua to external causes (VIOLENCE) fill In also tha following:
15. MAIDEN NAME Georganna Banks, 16. BIRTHPLACE (city or town) Federal sburg,	Accident, suicide, or homicide? Date of Injury, 19
≥ (State or country) Md.	Where did Injury occur?
17. INFORMANT Marguerite Douglass.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) IOO6-22nd.St. Phila. Pa.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Federalsburg, Md ate Aug. 18th, 1934	Nature of injury
19. UNDERTAKER J.T. Framptom & Son.	24. Was disease or injury In any way related to occupation of daceased?
(Address) Federalsburg Md	If so, specify
rederaraburg, ma	(Signed) Harrand Starthones & M.D.
20. FILED Alug. 16, 1934 5. J. Fram Tam.	(Address) Federal Burn Mid.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:	- 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis *	1 year
		• • • • • • • • • • • • • • • • • • • •	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

-740	RECC	ted EX
りつつ	NE	be star
MARGIN RESERVED FOR BINDING	H UNFADING INKTHIS IS A PERMANE KECC	ion should be carefully supplied. ACE should be stated EX.
FOR	IS A	. ACE
VED	-THIS	pplied
ESER	INK-	fuily su
N N	ADINC	e care
MAR	I UNF	OF DE
1		ion sh

		PLACE OF DEATH County Corplein	STATE OF MARYLAND CERTIFICATE OF DEATH
	Vi	Mage or Civillar Decenses	Registration Dist. No. 62  St.: Ward) (If death occurred in
tificato		2FULL NAME Tilliam San	A hospital or institution, give its NAME in steed of street en number.)
Cer		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of		SEX  4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Date of Death Rug, 14", 19234
no suc	6 1	CMOnth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Ougust S., 1928, to Ougust S., 1928, that lest saw h malive on Ougust S., 1928
structio	71	locat 56 fyrs. mos. ds. or min.	and that deeth occurred on the date stated above, at mental menta
ant. See ir	( p	a) Trade, profession or Day Laboo carticular kind of work b) General nature of industry cusiness, or establishment in	paralysis, Joseph Caroling was
Import	_	SIRTHPLACE (State or country) Fillsbord	Contributory Secondary  (Durstion) yrs mos ds
ON is very	NTS	10 NAME OF FATHER Arthur Buils  11 BIRTHPLACE OF FATHER (State or country)  Zuares Land	(Signed). A. C. Address) A. C. MAD  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
CCUPATI	PARE	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME  OF MOTHER	Accidental, Suicidal or Homicidal.  To LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place In the State yrs mos. ds.
ent of O	14	(Informant) She Meles	Where was disease contracted, if not at place of death?  Former or usual residence
statem	15	(Address) B. F. L. Deutous	30 UNDERTAKER DATE OF BURIAL
		Filed 193 4 114 Registrar	J. O. Meoor Dellan

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., Wilnesser, Laborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1. PLACE OF DEATH			0001
County Carssul		Registration Dist. No.	62
Village or City Lease / La	elsen	No	St.,Ward
Length of residence in city or town where deeth occ		f death occurred in a horpital or institution, give its NAME instead of second second by the long in U.S. if of foreign birth?yrs.	
2. FULL NAME Dellia	us L'Ence	Frie	
(a) Residence: No.	sual place of abode)	St., Ward.	
PERSONAL AND STATISTICAL		If nonresident give city o	
	SLE. MARRIED, WIDOWED.	21. DATE OF DEATH	LAIN
we we OR	DIVORCED (write the word)	angan 10	193
5a. If married, widowed, or divorced	~ ·	(Month) (Day	) (Yeer)
HUSBAND OF Zerra alice	toon	22. I HEREBY CERTIFY, That	l attended deceased from
6. DATE OF BIRTH (month, day, and year)	a. 5- C-1869	I last saw h_ melive on	_, 1932; death is sald
7. AGE Years Months	Bays If LESS than	to have occurred on the date stated above, at 3m.	
7.0	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of import were as follows:	
8. Trade, profession, or particular		A	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc		allis /helevoro	428
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9 Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked at 3	edlartely	Coronary artery relevois	1931
10. Date deceased last worked at 3 years	11. Total time (years) 3 4	10-	
this occupation (month and a a a grayear)	spent in this occupation		
12. BIRTHPLACE (city or town) Zelan Wes (State or country)	ulan	Other Contributory Causes of Importance:	
	in its and		
E	man		
14. BIRTHPLACE (city or town) (State or country)	2000	Name of operation	Date of
15. MAIDEN NAME	Personal	What test confirmed diagnosis? Was	
# 2000	muyer	23. If death was due to external causes (VIOLENCE) fill in elso the	
O 16. BIRTHPLACE (city or town) (State or country)	rland.	Accident, suicide, or homicide? Date of inju	Jry, 19
17. INFORMANT Welleaum St.	win Is	(Specify city or town, cour Specify whether injury occurred in INDUSTRY, in HOME, or in I	ty and State) UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Comment of the commen	Manner of injury	
Place Dellan Quel Date	cug, 2919	Nature of injury	
19. UNDERTAKER (Address)	Am	24. Was disease or injury in any way releted to occupation of de	ceased? 200
- 1 - 1 - 1 - 1	Plery C. Registrar.	(Signed) Caul Time (Address) Autora	M. D.
If more blanks are		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	108
County Caroline	Registration Dist. No. 19 H
Village or City Tederala Vurg.	NoSt., Ward
7	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Jose Poli a, Lan.	e .
(a) Residence: No. Federals Purg. Md	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  OR DIVORCED (write the word)	21. DATE OF DEATH Quart 1 16 , 193 H
5a. If meried, widowed, or divorced HUSBAND of Margaret E. Lane (or) WIFE of Margaret E. Lane	22. I HEREBY CERTIFY, That I attended deceased from any 9 1934, to any 11 1934
6. DATE OF BIRTH (month, day, and yeer) Mov. 15" 1868	I lest saw h_im_ alive on
7. AGE Years Months Days If LESS then	to heve occurred on the dete stated above, et. 600 H.m.
65 8 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, Black - 2 mit	Lobar freumona 8/1/24
kind of work done, as SPINNER, Rock-John The SAWYER, BOOKKEEPER, etc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Caroline Co. (State or country)	Other Contributory Canses of importance:
13. NAME Charles Lane.	
13. NAME Charles Lane.  14. BIRTHPLACE (city or town) (State or country)  Penna,	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Mary Wigson	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Wisson  16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Margaret E. Lane. (Address) Federals Rura, Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hills Jona, Md. Date Qug. 14", 1934	Manner of injury
19. UNDERTAKER 5. T. Tramfitom & Son (Address) Federa 93 Durg Md	24. Was disease or injury in eny way related to occupetion of deceased?
20. FILED aug. 12", 1934 5.5. Fram Stom	(Signed) Howard Stackhouse J. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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use of death and related causes Date of onset ere as follows:  1 week ago 1 week ago
car 1 week ago
3 days ago
ry causes of importance:
_

Exact statement of OCCUPA-

PHYSICIANS

See instructions on back of certificate.

1	PLACE OF DEATH			98-00	
	County Caroline			Registration Dist. No. 4 H	
	Village or City Federal	sburg,		NoSt.,	Ward
				death occurred in a hospital or institution, give its NAME instead of street and nu	
				ds. How long in U.S. If of foreign birth?yrsmos	as.
2	FULL NAME Mary E				
	(a) Residence: No. Feder	alsburg,	Md.	St., Ward.  If nonresident give city or town and S	
production of	PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	n one
3. S	EX 4. COLOR OR RACE	5. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH	
Fe	male. White.		lowed.	August, 3rd.	193 4 (Year)
	If married, widowed, or divorced		201100		
	HUSBANO of (or) WIFE of William T	. LeGate	es. dec'd	22. I HEREBY CERTIFY. That Lattended d	eceased from
				Lead on arrivel.	, 19.07
6. I	GE Years Months	March 61	If LESS than	to have occurred on the date stated above. And 2 Am.	death is said
1. 7			I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	84   4	27	ormin.	were as follows:	Oate of enset
S	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House-w	ork		
OCCUPATION	9. Industry or business in which			acuts delalotin & Near	873%
P.	work was done, as SILK MILL, SAW MILL, BANK, etc			a. a	745
SC	10. Date deceased last worked at	11. Total 1	time (years) ent in this Life.	Drimory Cause: Chance myschoditias	
	this occupation (month and year)	934 spa	upetion Llie.		
12.	BIRTHPLACE (city or town) Sus	sex Co.		Other Contributory Causes of Importance:	
	(State or country)	Delawa	re.		
ER	13. NAME Ager A	ndrews,	n		
FATHER	14. BIRTHPLACE (city or town)Ca	roline C	0.	Name of operation Date of	
	(State or country)		Md.	Whet test confirmed diagnosis? Was there an au	topsy? w
MOTHER	15. MAIOEN NAME Mary	Jane Nea	l,	23. If deeth was due to external causes (VIOLENCE) fill In also the following:	
5	16. BIRTHPLACE (city or town) Su	ssex Co.		Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)	Delaw	are.	Where did injury occur?	
17.	INFORMANT Everett N	uttle.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	CE.
	(Address) Federals	burg, Mo	1.		
18.	BURIAL, CREMATION, OR REMOVAL	Md Asse	C+1 7/1	Manner of injury	
	Plece Federalsburg,	Wu Bate Aug	5 UII , 19 54	Nature of injury	
19.	UNDERTAKER J.T.Frampto	m & Son		24. Wes disease or injury in any way related to occupation of deceased?	m
	(Address) Federals	ourg, Mi	Pag.	If so, specify	
20	FILED Aug. Hth 1934 3	5. 5. Fra	motom	(Signed) W) Wayloo	M. D.
100	, 1000		Registrar	(Address) Federlating W	nd

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Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEAT

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE C

)F	DEATH	08048

	1. PLACE OF DEATH		210.000	. 1
	County Caroline,	nn, n, b	Registration Dist. No. 🕓	H
	Village or City_Near_Fede	(If	NoSt death occurred in a hospital or institution, give its NAME instead of streetds. How long in U.S. If of foreign birth?yrs	
	2. FULL NAME George (a) Residence: No. Federal		Da St. Ward.	
1	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEAT	Н
	Male, Colored,	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,	21. DATE OF DEATH  August, 5th.  (Month) (Day)	, 193 34 (Year)
	5e. If merriad, widowed, or divorced HUSBANO of (or) WIFE of Addie M. Pi	nder, dec'd.	22.   HEREBY CERTIFY, That   etta	
ceruncate.	6. DATE OF BIRTH (month, dey, and year) Fe 7. AGE Years Months 52 5	28th I882 Days If LESS than 1 dey,hrs. ormin.	to have occurred on the dete stated ebove, at about_m. 2-1 The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: accidently killed by being	30 A.M.
instructions on back of	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) 1934 spant in this Life 1ester Co.	hit by an automobile  (verdiet of Coxoners zury	)
	13. NAME Stephen	Pinder, rchester Co.		
See	14. BIRTHPLACE (city or town) DO: (Stete or country)	Md.	Neme of operation Oet What test confirmed diagnosis? Wes thei	
is very important.	T	rg, Md. R.F.D.	23. If death wes due to externel ceuses (VIOLENCE) fill in also the fol Accident, suicide, or homicide accident. Date of injury.  Where did injury occur? near Federals bur (Specify city or town, county at Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL On public highway.  Manner of injury fractured skull by be the second of the secon	Boung:  8/5/39  9, Md.  ad State)  IIC PLACE.
NOLL	19. UNDERTAKER J.T. Frampton (Address) Federals		24. Wes disease or injury in any way related to occupation of deceese  If so, specify  (Signed)  (Address) Federalsburg, Nd.	M. D.

N. B.-WRITE PLAINLY,

If more blanks are needed, address State Registrat 2411 N. Charles Speet, Baltimore, Bequesting J. & Cot Ing Coroner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU S. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	TEMENTS BY PHYSICIA	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
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V. S. No. 1	•	MARGIN	RESERVE	QD	MARGIN RESERVED FOR BINDING	<b>Q</b>	
N. BWRITE	PLAINLY,	WITHUNEAD	ING INK-T	HIS	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REGORD. Every item	RE ORD. Every	item
mation s	should be care	efully supplied.	AGE should	be	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	. PHYSICIAN	s shor
CAUSE	OF DEATH	in plain terms, se	that it may	be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O	Exact statement	of 0
TION is	very importa	TION is very important. See instructions on back of certificate.	cions on back	of c	ertificate.		

1. PLACE OF DEATH	82-0)	
	Registration Dist. No. 66	
Village or City Ridgely	NoSt.,	War
Length of rasidence in city or town where daath occurredyrs,lmos	f death occurred in a horpital or institution, give its NAME instead of street and numbe sds. How long in U.S. If of foreign birth?yrsmos	er) ds
2. FULL NAME Fred. Taylor		
(a) Residence: No. Near entrevill	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  August 24th 193 (Month)	4 (Yaar)
a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Wife's nome not known	22. I HEREBY CERTIFY, That I attended dacea	sed from
DATE OF BIRTH (month, day, and year) Not Known 1891	I last saw hairs when dies and and 27, 1974; dea	th is said
Ace Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	tii 13 Jail
ToTrade profession or particular	Apploxy	o of onset
8 Trade, profession, or particular kind of work done, as SPINNER, Common Laborer SAWYER, BOOKKEEPER, etc.		13
9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK at Canerry		
10. Date dacaased last worked at 11. Total time (years)	life	
2. BIRTHPLACE (city or town) Not Known (Stata or country)	Othar Contributory Causes of Importance:	
13. NAME Not Known		
13. NAME Not Known  14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an autops	v?
15. MAIDEN NAME Not Known  16. BIRTHPLACE (city or town)	23. If daath was due to extarnal causas (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury	19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT XX (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Place Princy Jorn Date Gulf . 25, 19.24	Manner of injury	
9. UNDERTOKER & Kingel House	24. Was disaase or injury in any way related to occupation of daceasad? No.	
O. FILED ang 24934 Davis.	(Signad) Lawree Coone (Addrass) Ridgely, Md. Corone	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		ADDITIONAL									
This	man	dropped	dead	while	loadind	Sugar	Corn	for	Saulsbury,	Bros.	Inc
of R:	ldge:	ly, Md.								,	

V. S. No. 1

Ä

should state item of infor-

Every

of OCCUPA.

	STATE	OF MAR'	YLAND-	CERTIFICATE OF DEATH	18050
1.	PLACE OF DEATH			(31)	- 000
	county Caroline,			Registration Dist. No. 64	
	Village or City Federa	lsburg,	(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence in city or town whe	re death occurred	LI 9rsmos	ds. How long in U.S. if of foreign birth?yrsn	10sds.
2.	FULL NAME Annie	E. Turner			
	(a) Residence: No. Feder			St., Ward.  If nonresident give city or town and	10
	PERSONAL AND STATIS	(Usual place		MEDICAL CERTIFICATE OF DEATH	1 State
3. SE			RIED, WIDOWED.	21. DATE OF DEATH	
Fe	emale, Colored,	or Divorcei Marri	D (write the word)	August, 6th.	., 1934 (Year)
5a. II	f married, widowed, or divorced HUSBAND of (or) WIFE of John Edwa	rd Turner	r,	22. I HEREBY CERTIFY. That I attended	
6. D/	ATE OF BIRTH (month, day, and year)	Dec. 24t	h. 1876	I last saw here alive on Grang 5 ,1934	
7. AC		Days I3	If LESS than I day,hrs.	to have occurred on the date stated above, at 8 = P =m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House-wor		Cardio-vascula-und diseas	Date of onset
OCCUPATION	9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	nd paper-			
12. E	BIRTHPLACE (city or town) Dorc	hester Co	Md.	Other Contributory Causes of importance:	
ER	13. NAME Stephe:	n Cannon,			
FATHER		aroline (		Name of operation Date of Was there an	
ER :	15. MAIDEN NAME Lu	cy Banks,		23. If death was due to external causes (VIOLENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (city or town)	rchester	Co.	Accident, suicide, or homicide? Date of injury	

18. BURIAL, CREMATION, OR REMOVAL J.T. ramptom 19. UNDERTAKER \_\_ Federal (Address)

Federalsburg

May McGee

17. INFORMANT \_

Nature of injury\_ 24. Was disease or injury in eny way related to occupation of deceased? 770

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		,	
Other contributory causes of importance:	A FACT L	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE (	OF MAR	RYLAND—	CERTIFICATE OF DEATH	8051
County Caroline.			Positivation Dist. No. 1 a 1 1	
			Registration Dist. No. 10 H	
Village or City near House	ton Bra	nch. (II	No. St.,  [ death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where	e death occurred		ds. How long in U.S. if of foreign birth?mo	
2. FULL NAME Joseph	Thomas	Turner,		
(a) Residence: No. Federal	sburg M. (Usual place	d.R.F.D.	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male. White.	5. SINGLE, MA OR DIYORC	RRIED, WIDOWED, ED (write the word) TIEC.	21. DATE OF DEATH  Aug. I5th.  (Month) (Day)	, 1934 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Roxana To	urner.		22. I HEREBY CERTIFY, That I attended of	-
6. DATE OF BIRTH (month, day, and year)	Warch 9t	h. 1873	I last saw h inalive on 1/4/, 193/	; death is said
7. AGE Years Months	Days	If LESS then	to heve occurred on the date stated above, et 4-30. A.M.	
6I 5	6	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:	Date el enset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	₹ /₁ Sp	time (years)	myrcarditis acute Cardiae Delatatin	192
	lbot Co	•	Other Coutributory Causes of importance:	
	- M	Md.		
편	s Turne	r.		
14. BIRTHPLACE (city or town) (Stale or country)		Md.	Name of operation Date of Whet test confirmed diagnosis? Was there en ei	0
15. MAIDEN NAME			23. If death wes due to external causes (VIOL ENCE) fill in elso the following	
15. MAIDEN NAME No date  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT Mrs Roxana Turner.			Accident, suicide, or homicide? Dete of injury  Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19 e)
(Address) Federalabu	rg. Md.	R.F.D.		
18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg,			Menner of injury	
19. UNDERTAKER J.T. Framp		on.	24. Wes disease or injury in any way releted to occupation of deceased?	W
0 . +8.		cena otar	11/10/6000	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Wind Street			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08052
County Carulius.	Registration Dist. No. 4/
	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	us. now long in 0.5.1 or foreign bitti:
2. FULL NAME William Vukery	
(a) Residence: No. (Usual place of abode)	St., Ward.   If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male Market	21. DATE OF BEATH  (Month)  (Day)  (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sulla Vickery 4	22. CHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) gam. 26, 1868	Hast saw h. alive or Dead on arrival 19 death is said
7. AGE Years   Months   Oays   If LESS than	to have occurred on the date stated above, at
66 6 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(A) A [] 1
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	Taulo Near Jailine
	Potient was dead, when physician arrived.
10. Date deceased last worked at this occupation (month and day 14) spant in this year)	No further information Censes
50 \$	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME Lame Tukers.	<i>p</i> -
E Comments	Name of operation Oate of
14. BIRTHPLACE (city or town)   State or country)   Delumine '	What test confirmed diagnosis? Lucial Was there an autopsy? W
I 15. MAIDEN NAME Vulkuru.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Vulturus 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country) Selevere -	Where did injury occur?
17. INFORMANT Samuel Vickery Pa (Address) / 2 3 8 Pine Lane Theater Pa	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Acces who Ma Oate Cany 21 19.34	Nature of injury
19. UNDERTAKER R. B. Rawlings (Address) Streens Ford, Ind	24. Was disease or injury in any was related to occupation of deceased? NO
20. FILED acep. 2. F., 134. J. Mac Propie	(Signed) (Address) (Address) (Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

TION is very important.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEATH	207-9
	County Caroline	Registration Dist. No.
	Village or City Federalsburg,	NoSt.,Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	FULL NAME Thomas whitehead,	3,000
-		O) Word
	(a) Residence: No. Tarboro, N.C. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 3	Male black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) no data	21. DATE OF DEATH  August 14 ,193 4 (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of  No data.	22. I HEREBY CERTIFY, That I attended deceased from
		, 19, to, 19
	DATE OF BIRTH (month, day, and year)  AGE Years Months Days If LESS than	I last saw h; death is said to have occurred on the date stated above, at. 3. a. 10 _ m. P a M a
	1 day hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	8. Trade, profession, or particular	were as follows:  Verdict of Coroner's Jury  Date of onset
TION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. no data	chushed to death by jumping a
OCCUPATION	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	moving freight train.
000	10. Date deceased last worked at this occupation (month and year)	
12	BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
12.	(State or country) North Carolina	
ER	13. NAME no data	
FATHER	14. BIRTHPLACE (city or town) NO data (State or country)	Name of operation Date of Was there an autopsy? NO
ER	15. MAIDEN NAME no data	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) 19 11 (State or country)	Accident, suicide, or homicide? accident bate of injury 8 /14 /394
17.	INFORMANT James Mayo (Address) Tarboro, N.C.	Where did Injury occur? Federalsburg, Md. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  at R.R. Station Federalsburg, Md.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury body severed into by car
	Place Federalsburg, Mode Aug. 15th, 19	Rature of injury Wheels passing over body
19.	UNDERTAKER J.T.Frampton & Son, (Address) Federalsburg, Md.	24. Was disease or injury in any way related to occupation of deceased? N.O.
20.	FILED Aug 15", 1934 5. J. Tram Stom	(Signed) There Mileles MAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroentcritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:	

S. No. 1

BINDING

RESERVED

Registrar.

If so, specify

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